Case 19-19346-ABA Doc 26 Filed 09/04/19 Entered 09/04/19 14:56:52 Desc Main

		170(4111115111	Faue I OI /
Fill in this info	ormation to identify your	case:	
Debtor 1	Evette Skerrett		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY	
Case number	19-19346		
(if known)			

Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Pai	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	77,899.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,117.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	84,016.00
Par	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	87,098.45
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	8,558.00
	Your total liabilities	\$	95,656.45
Par	t 3: Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I)		4,418.00
4.	Copy your combined monthly income from line 12 of Schedule I	\$	<u> </u>
		\$ \$	3,778.21
5.	Copy your combined monthly income from line 12 of Schedule I	\$ \$	3,778.21
5. Par	Copy your combined monthly income from line 12 of Schedule I	\$ \$ r other sch	
<ul><li>4.</li><li>5.</li><li>Par</li><li>6.</li></ul>	Copy your combined monthly income from line 12 of Schedule I	\$ \$ r other sch	3,778.21 nedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Evette Skerrett Document Page 2 of 7 Case number (if known) 19-19346

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

\$\_\_\_\_\_1,212.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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	n this information to identify your out of the street start and the stre							
Deb	otor 2				_			
` '	use, if filing)  red States Bankruptcy Court for the	S DISTRICT OF NEW	IEDCEV					
Unit	ed States Bankruptcy Court for the	e. DISTRICT OF NEW C	JERSET		_			
Cas (If kn	e number 19-19346		_			Check if this is		
							ent showin	g postpetition chapter ollowing date:
<u>Of</u>	ficial Form 106I					MM / DD/	YYYY	
Sc	chedule I: Your Inc	ome						12/15
spou	blying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not inclu	de infor	matio	on about your sp	ouse. If m	ore space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fi	ling spouse
	If you have more than one job,	Employment status	■ Employed			☐ Employed		
	attach a separate page with information about additional	Employment status	□ Not employed			■ Not	employed	
	employers.	Occupation	Community Ser	vice				
	Include part-time, seasonal, or self-employed work.	Employer's name	Department of H	Human	Serv	rices		
	Occupation may include student or homemaker, if it applies.	Employer's address						
		How long employed t	here? 3 mont	hs				
Part	Give Details About Mo	nthly Income						
	mate monthly income as of the dise unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 in th	e space. In	clude your non-filing
•	u or your non-filing spouse have mespace, attach a separate sheet to	• • •	ombine the information	n for all e	emplo	oyers for that pers	on on the li	nes below. If you need
						For Debtor 1		btor 2 or ing spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,125.00	\$	0.00
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	0.00

Official Form 106I Schedule I: Your Income page 1

4,125.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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Debto	or 1	Evette Skerrett	-	C	Case number (if known)	19-19	346		
					For Debtor 1		ebtor	2 or	
	Cop	y line 4 here	4.	-	\$ 4,125.00	\$	illing 3	0.00	_
_									_
5.		all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 582.00	\$		0.00	_
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.		\$ 0.00 \$ 0.00	\$		0.00	_
	5d. 5e.	Insurance	5d 5e			\$		0.00	_
	5f.	Domestic support obligations	5f.		\$ 0.00 \$ 0.00	\$ 		0.00	_
	5g.	Union dues	5g		\$ 0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h			+ \$		0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 582.00	\$		0.00	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 3,543.00	\$		0.00	_
			٠.	,	Ψ 3,343.00	Ψ		0.00	_
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a		\$0.00	\$		0.00	_
	8b.	Interest and dividends	8b		\$0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$ 0.00	\$		0.00	
	8d.	Unemployment compensation	8d		\$ 0.00	\$		0.00	_
	8e.	Social Security	8e		\$ 0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$ 0.00	\$		0.00	-
	8g.	Pension or retirement income	_ 8g		\$ 0.00	\$ 		0.00	_
	8h.	Other monthly income. Specify: Family Contribution	8h		\$ 875.00			0.00	_
_			_						_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	875.00	\$		0.0	U
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,418.00 + \$		0.00	= \$	4,418.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<b>–</b>	4,410.00		0.00	-	7,710.00
11.	State Inches other Do i	te all other regular contributions to the expenses that you list in Schedule cude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe				hedule 11.	_	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12.	\$	4,418.00
13.	Do :	you expect an increase or decrease within the year after you file this form	?					Combi month	ned ly income
		No.							

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Fill in this information to identify your case:	ı		
Debtor 1 Evette Skerrett	Chook	; if this is:	
Evette Skerrett		an amended filing	
Debtor 2			wing postpetition chapter
(Spouse, if filing)	1	3 expenses as of	the following date:
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY	N	MM / DD / YYYY	
Case number 19-19346			
(If known)			
Official Farms 400 l	1		
Official Form 106J			
Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, be	oth are equal	lly roonancible fo	12/1
information. If more space is needed, attach another sheet to this form. On the top of number (if known). Answer every question.			
Part 1: Describe Your Household			
1. Is this a joint case?			
■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?			
□ No			
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate House	ehold of Debto	or 2.	
2. Do you have dependents? ☐ No			
Do not list Debtor 1 and  Yes. Fill out this information for Dependent's relationship to the search dependent and Debtor 1		Dependent's	Does dependent
Debtor 2. each dependent Debtor 1 or Debto	IT Z	age	live with you?
Do not state the dependents names. <b>Daughter</b>		20	□ No ■ Yes
			□ No
			Yes
			□ No
			□ Yes □ No
			☐ Yes
3. Do your expenses include expenses of people other than			
yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you are using this for expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule</i> applicable date.			
Include expenses paid for with non-cash government assistance if you know			
the value of such assistance and have included it on Schedule I: Your Income		Your exp	ansas
(Official Form 106l.)		Tour exp	enses
4. <b>The rental or home ownership expenses for your residence.</b> Include first mortgage payments and any rent for the ground or lot.	e 4. \$		844.21
If not included in line 4:			
4a. Real estate taxes	4a. \$		0.00
4b. Property, homeowner's, or renter's insurance	4b. \$		0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$		75.00
4d. Homeowner's association or condominium dues	4d. \$		0.00

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Fill in this info	rmation to identify your	case:		
Debtor 1	Evette Skerrett			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	19-19346			
(if known)				Check if this is an
				amended filing

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay somed	ne who is NOT an attorney to help you fill out bankro	uptcy forms?
■ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that they are true and correct.  X /s/ Evette Skerrett Evette Skerrett	nat I have read the summary and schedules filed with  X  Signature of Debto	
Signature of Debtor 1	Orginatal of Bosto	